

Compliance Office

400 Yesler Way, Suite 300
Seattle, WA 98104-2615

206-205-5975 Fax 206-205-3945
TTY Relay: 711

www.kingcounty.gov/health



REQUEST FOR PUBLIC RECORDS

Please provide the information below either electronically or manually.

Electronic Request: Complete this form electronically and save it to your computer. Email it to: Compliance.Health@kingcounty.gov as an attachment.

Manual Request: Print out the form and complete the information. Mail the form to: Public Health Disclosure Requests, Compliance Office, 400 Yesler Way, Suite 300, Seattle, WA 98104.

Date: _____

Requestor Name: _____

Doing Business As: _____

Requestor Phone: _____ Fax: _____

Requestor Address: _____

City: _____ State _____ Zip: _____

Requestor Email: _____

Describe specifically what records you are requesting so that we can respond to your request quickly and accurately. List the types of documents needed such as; correspondence, violations, inspections, septic system design, etc. Please identify any pertinent location to assist in identifying records. Environmental health requests associated with a location should have both a parcel number and street address referenced.

Time period for requested records: _____

Please include your mailing address because many documents are only available hard copy and must be sent via US mail.

Available in alternate format upon request pursuant to ADA.